

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>BROWNWOOD HOUSING AUTHORITY</u> PHA Code: <u>TX 021</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/01/2011</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>236</u> Number of HCV units: <u>501</u>					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Mission. The mission of the Housing Authority of the City of Brownwood is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Goals and Objectives Improve public housing management: (PHAS score). Attain at least a score of 94. Increase customer satisfaction Concentrate on efforts to improve management functions Renovate or modernize public housing units as funding becomes available Increase assisted housing choices Provide voucher mobility counseling Provide counseling to all new voucher holders. Conduct outreach efforts to potential voucher landlords Improve community quality of life and economic vitality Provide an improved living environment Implement public housing security improvements such as lighting Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Promote self-sufficiency and asset development of families and individuals Promote self-sufficiency and asset development of assisted households Increase the number and percentage of employed persons in assisted families: Increase number of assisted families with earned income by 10%. Ensure Equal Opportunity in Housing for all Americans Ensure equal opportunity and affirmatively further fair housing Objectives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:					

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan.</p> <p>(1) Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures are available at the Office during normal office hours. The ACOP will be reviewed and updated where needed in the next year.</p> <p>(2) All Financial Resource Information is available at the Office during normal office hours.</p> <p>(3) Rent Determination, is made according to Federal Regulations and written policies available at the Office during normal office hours.</p> <p>(4) Operation and Management policies are available at the Office during normal office hours.</p> <p>(5) A copy of the Grievance Procedures is available at the Office during normal office hours.</p> <p>(6) Designated Housing for Elderly and Disabled Families; Park Homes, TX021-001, 44 Units; Sunset Terrace, TX021-006, 20 Units; Commerce Manor, TX021-007, 18 Units.</p> <p>(7) Community Service The H/A keeps strong ties with community service organizations and provides a list of those providers and the services they provide, monthly to the residents. Residents with income changes are treated according to written policy.</p> <p>(8) The PHA's major crime prevention is done through strict Lease Enforcement.</p> <p>(9) Pets are handled through our Pet Policy's, lease and strict enforcement.</p> <p>(10) Civil Rights The PHA will continue to review policy and procedures to assure they are following all Civil Rights laws, regulations and H/A policy.</p> <p>(11) Fiscal Year Audit is available at the Office during normal working hours.</p> <p>(12) Asset Management: This is covered by written policy available at the Office during normal office hours.</p> <p>(13) Violence Against Women Act is covered by PHA written policy available at the Office during normal office hours.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The Brownwood Chamber of Commerce states that the current occupancy rate in Brownwood is approximately 98%. The Brownwood Housing Authority currently has 242 applicants on the Section 8 waiting list and 80 applicants on the Public Housing waiting list</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. To provide Decent safe and sanitary housing and to adhere to our policy's, through strict lease enforcement and relocation of residents that are overhoused and underhoused.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>As stated above: the mission of this PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. To that end this PHA is reducing public housing vacancies, renovating and/or modernizing housing units as funding is available, improving customer satisfaction and good will by improving counseling and management/ client interaction in all programs, and attracting supportive services to improve assisted recipients' employability and increase independence for the elderly or families with disabilities.</p>

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution #758**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Brownwood Housing Authority

TX021

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Charles Lowe

Title

Board Chairman

Signature



Date 02/22/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Brownwood Housing Authority

Program/Activity Receiving Federal Grant Funding

Public and Indian Housing Capital Fund Program (CFP) TX21P02150111

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

21-1	Park Homes	1500 Dublin,	Brownwood, TX 76801
21-2	Sunset Terrace	1500 Terrace Dr.,	Brownwood, TX 76801
21-3	George Smith	1004 Cordell,	Brownwood, TX 76801
21-4	LaVillita	1613 Melwood,	Brownwood, TX 76801
21-5	Sunset Terrace	1500 Terrace Dr.,	Brownwood, TX 76801
21-6	Sunset Terrace	1500 Terrace Dr.,	Brownwood, TX 76801
21-7	Commerce Manor	1522 Market Place Blvd.,	Brownwood, TX 76801

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

David Long

Title

Executive Director

Signature

Date

02/22/2011

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Brownwood Housing Authority

Program/Activity Receiving Federal Grant Funding

Public and Indian Housing Capital Fund Program (CFP) TX21P02150111

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

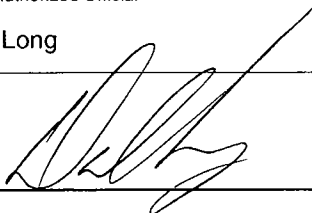
Name of Authorized Official

David Long

Title

Executive Director

Signature



Date (mm/dd/yyyy)

02/22/2011

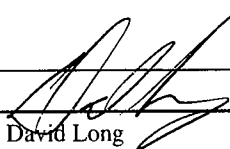
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Brownwood Housing Authority P.O. Box 1647 Brownwood, TX. 76804-1647 Congressional District, if known: District 17		
6. Federal Department/Agency: Department of Housing and Urban Development			7. Federal Program Name/Description: Public and Indian housing Capital Fund Program CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): 		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: David Long Title: Executive Director Telephone No.: 325-646-0790 Date: 02/22/2011		
Federal Use Only:			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TX21P02150111 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval:	
PHA Name: Brownwood Housing Authority					
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised¹	Obligated	Total Actual Cost¹ Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	64,700			
3	1408 Management Improvements	1,000			
4	1410 Administration (may not exceed 10% of line 21)	15,900			
5	1411 Audit	1,800			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	1,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	20,500			
10	1460 Dwelling Structures	205,535			
11	1465.1 Dwelling Equipment—Nonexpendable	6,235			
12	1470 Non-dwelling Structures	1,965			
13	1475 Non-dwelling Equipment	5,300			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TX21P02150111 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2011 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	323935			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director David T. Long		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9(j) of the U.S. Housing Act of 1937, as amended.

Cap Fund Program—Five-Year Action Plan

U.S. Department of Housing and U Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name/Number Brownwood H/A TX021		Locality (Brownwood, Brown, Texas)		<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
Development Number and Name		Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
A.						
B.	Physical Improvements Subtotal	Annual Statement	61,016	76,270	95,338	114,405
C.	Management Improvements		36,200	40,600	45,500	50,900
D.	PHA-Wide Non-dwelling Structures and Equipment		8,500	6,600	32,400	12,000
E.	Administration		13,500	15,600	9,300	12,400
F.	Other		219,684	251,230	256,062	305,195
G.	Operations		23,900	16,000	16,500	14,800
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		362,800	406,300	455,100	509,700
L.	Total Non-CFP Funds					
M.	Grand Total					

Part I: Summary (Continuation)

[illegible]

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _2011_	Work Statement for Year 2 FFY 2012		Work Statement for Year: 3 FFY 2013			
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	TX021 Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Brownwood H/A TX021 Insulate, replace sheetrock, floor covering, roof, electrical, windows, storage, laundry, HVAC, water heaters. New Screen doors.		226,900	TX021 Insulate, replace sheetrock, floor covering, roof, electrical, windows, storage, laundry, HVAC, water heaters, screen doors.		254,050
Annual Statement	TX021 Operations		64,500	TX021 Operations		40,600
	TX021 Administration- REAC inspections, Plan, Utilities, policies		15,300	TX021 Administration- REAC inspections, Plan, Utilities, Policy		22,100
	TX021 Engineer/Architect		1,000	TX021 Engineer/Architect		1,000
	TX021 Exterior work, walks, fence, landscaping, parking, drainage		5,000	TX021 Exterior work, walk, fence, landscape, parking, drainage.		6,500
	TX021 Ranges, refrigerators, water heaters, misc. dwelling equipment		9,500	TX021 Ranges, Refrigerators, water heaters, misc. dwelling equipment.		13,200
	TX021 Repairs to non-dwelling structures		6,300	TX021 Repairs to non-dwelling structures		8,950
	TX021 Non-dwelling equipment, lawn mowing & maintenance equipment		10,900	TX021 Non-dwelling equipment, mowing, maintenance, truck.		31,600
	TX021 Repair work on units Per REAC Inspections		23,400	TX021 REAC repair on units as required		28,300

U.S. Department of Housing and U Development
Office of Public and Indian Housing
Expires 4/30/20011

[illegible]

Part II: Supporting Pages – Physical Needs Work Statement(s)

[illegible]

U.S. Department of Housing and U Development
Office of Public and Indian Housing
Expires 4/30/20011

[illegible]

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY		Work Statement for Year _____ FFY	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

[illegible]